

LIVESTOCK ADOPTION APPLICATION

DESCHUTES COUNTY SHERIFF'S OFFICE

**63333 West Highway 20
Bend, Oregon 97703**

ANIMAL(S) TO ADOPT: _____

APPLICANT #1:

Last Name First Name Middle Name

Street/Mailing Address City County State Zip Code

Phones (Home) _____ Date of Birth _____

(Work) _____

Employer Employer's Phone Number

APPLICANT #2:

Last Name First Name Middle Name

Street/Mailing Address City County State Zip Code

Phones (Home) _____ Date of Birth _____

(Work) _____

Employer Employer's Phone Number

1. Do you rent, own or live with your relatives? _____

(If renting, please attach a copy of the lease agreement)

Landlord's name: _____ Phone Number: _____

2. Will the animal(s) be kept on your property? YES NO

Number of acres the animal(s) will be boarded/pastured on: _____

Total number / types of livestock currently on this property: _____

Describe breed and sex of the livestock already on property: _____

Describe the area and shelter to be provided. _____

Size of Shelter: _____ Size of Barn: _____

Size of Stall: _____ Type of fencing: _____

If the animal(s) will not be kept on the property listed above, please supply the following information:

Name of boarding stable: _____

Name of owner: _____

Address: _____

Phone number: _____ Name of trainer: _____

Will there be other livestock? _____ How many? _____

3. Do you own any livestock now? _____ How many? _____

Description: _____

If you have owned livestock previously, please explain what happened to them: _____

Have you sold livestock in the past five years? _____

If **YES**, why were they sold? _____

4. Please list name and phone number of your current veterinarian or a veterinarian you plan to use for livestock care: _____

Please list the name and phone number of your current farrier or a farrier you plan to use for equine care:

Please list two additional references who are familiar with your care of and experience with livestock:
Name: _____ Phone Number: _____
Name: _____ Phone Number: _____

5. If the adopted animal is a horse, please describe your level of expertise in the following areas:
Riding: _____

Handling: _____

Training: _____

Working with young or unbroken horses: _____

6. Who will be responsible for the livestock?
Feeding: _____ Age: _____
Experience level: _____

Training: _____ Age: _____
Experience level: _____

General care: _____ Age: _____
Experience level: _____

7. Who will take care of the livestock when you go out of town? _____

8. How much do you anticipate spending yearly on:
 Feed: _____ Farrier: _____ Veterinary Care: _____
 Board: _____ Other: _____
 How often do you believe the livestock should be de-wormed? _____
 How often should they receive farrier care? _____
 How often should they have their teeth floated? _____
 What type of vaccination(s) should the livestock receive? _____

9. Please tell us why you would like to adopt this/these animal(s)? _____

10. If you move in the future, what do you plan to do with the animal(s)? _____

11. Have you ever been issued a warning or citation, or been convicted on anything concerning animals?
 Yes **No**
 If "Yes", please explain: _____

12. Please indicate when it would be convenient for us to do a property/barn check: _____
 What is the physical address of that location? _____

I / WE CERTIFY THAT ALL OF THE INFORMATION CONTAINED HEREIN IS CORRECT AND TRUE. BEFORE SIGNING, PLEASE FILL OUT THE ATTACHED CONSENT FORM FOR EACH PERSON SIGNING. EACH APPLICANT MUST COMPLETE THE BACKGROUND AND CONSENT FORM (PAGES 5 AND 6).

Signature: _____ Date: _____

Signature: _____ Date: _____

ANY PERSON WHO IS SUCCESSFUL IN ADOPTING LIVESTOCK FROM THE DESCHUTES COUNTY SHERIFF'S OFFICE AGREES TO KEEP THE ADOPTED ANIMALS FOR A PERIOD OF ONE YEAR. DESCHUTES COUNTY RESERVES THE RIGHT TO VISIT ANY ANIMAL(S) PERIODICALLY AFTER THE ADOPTION. ABANDONED, STARVED, NEGLECTED, OR INHUMANELY TREATED LIVESTOCK WILL BE SUBJECT TO REPOSSESSION. *Initials:* _____

The completed forms can be mailed to or dropped off at the main Sheriff's Office in Bend or at any of the Sheriff's Office's substations in La Pine, Terrebonne or Sisters.

Please mark them to the attention of Lt. Bryan Husband.

CRIMINAL BACKGROUND INVESTIGATION AND CONSENT FORM
(APPLICANT)

I, _____, understand that I will be required to undergo a personal background check. This may include, but is not limited to, obtaining records from the following sources:

National Crime Information Center (NCIC), Federal Bureau of Investigations (FBI), Oregon Law Enforcement Data System (LEDS), Department of Motor Vehicles (DMV) and Law Enforcement Records Management System (LERMS) files.

I hereby authorize the Deschutes County Sheriff's Office to conduct a personal background check related to this livestock adoption application. Initials: _____

Applicant's Signature

Date

ALL INFORMATION IN THE APPLICANT SECTION ON THE FIRST PAGE MUST BE PROVIDED TO ASSIST IN THE PERSONAL BACKGROUND CHECK:

***** **FOR OFFICE USE ONLY** *****

Date/Time Received: _____ by: _____

Checks: CCH: _____ Wants: _____ DL: _____

LERMS: _____ Approved/Denied: _____

CRIMINAL BACKGROUND INVESTIGATION AND CONSENT FORM
(CO-APPLICANT)

I, _____, understand that I will be required to undergo a personal background check. This may include, but is not limited to, obtaining records from the following sources:

National Crime Information Center (NCIC), Federal Bureau of Investigations (FBI), Oregon Law Enforcement Data System (LEDS), Department of Motor Vehicles (DMV) and Law Enforcement Records Management System (LERMS) files.

I hereby authorize the Deschutes County Sheriff's Office to conduct a personal background check related to this livestock adoption application. Initials: _____

Co-Applicant's Signature

Date

ALL INFORMATION IN THE APPLICANT SECTION ON THE FIRST PAGE MUST BE PROVIDED TO ASSIST IN THE PERSONAL BACKGROUND CHECK:

***** **FOR OFFICE USE ONLY** *****

Date/Time Received: _____ by: _____

Checks: CCH: _____ Wants: _____ DL: _____

LERMS: _____ Approved/Denied: _____